

# THE NATIONAL INSTITUTES OF HEALTH EXTENDED VISITOR ID BADGE APPLICATION

## Privacy Act Notification:

Collection of this information is authorized under 5 U.S.C. 301 and 302; 40 U.S.C. § 121 and 40 U.S.C. § 1315; Delegation of Authority, 33 FR 6044 (January 17, 1968); 42 U.S.C. 216; 44 U.S.C. 3101 and 3102; and 45 CFR Part 3. The primary use of this information is to determine the suitability or eligibility for access to the National Institutes of Health (NIH) facilities. For NIH security purposes, your name will be checked against the National Crime Information Center (NCIC) and other applicable law enforcement databases, prior to the issuance of an affiliate NIH identification and campus access pass. This may result in information being disclosed to Law Enforcement Officials regarding past arrests, outstanding warrants, criminal convictions, or your inclusion on the FBI watch list. As a result of that disclosure, if warranted, possible legal action and/or arrest could occur. Submission of this information is voluntary; however, in order for the NIH Police to determine your suitability to receive a government-issued NIH identification card and campus access pass, you must complete all fields.

**Please initial to indicate you have read and understand the above.**

## Penalties to Inaccurate or False Statements:

Title, 18 Section 1001, United States Code (USC) provides that knowingly falsifying or concealing a material fact is a felony punishable by a fine(s) of up to \$10,000, or 5 years imprisonment, or both. Additionally, Federal agencies generally deny access of disqualify individuals who have materially and deliberately falsified these forms and this fact remains a part of the permanent record for consideration of future requests.

## Authorization:

Although this process may have been done prior to the date of this application, I authorize any appropriate member of the National Institutes of Health Police to conduct appropriate checks against the National Crime Information (NCIC) and other applicable law enforcement databases to obtain information relating to my past history. I understand that the information released by record custodians, and sources of information is for official use by the NIH only for the purposes of determining my suitability or eligibility for access to NIH facilities, and may be disclosed by the NIH only as authorized by law.

Print Last Name

Print First Name

Middle Name

Social Security Number

Date of Birth

Place of Birth (Country, if not U.S.)

Male ☐ Female ☐

Signature

Date

U.S. Citizenship: ☐ Yes ☐ No

If No, Country of Citizenship: \_\_\_\_\_

Parent/Guardian Signature (applicant under 18)

Contact Number

E-mail address: \_\_\_\_\_

@

(Please print legibly to be notified of the status of your Extended Visitor Application)

## EXTENDED VISITORS (UP TO ONE YEAR ONLY)

- |  |   |   |  |   |   |
|--|---|---|--|---|---|
| <input type="checkbox"/> Patient/Patient Affiliate | <input type="checkbox"/> 6 months or less | <input type="checkbox"/> up to one year | <input type="checkbox"/> Retiree/Alumni      | <input type="checkbox"/> 6 months or less | <input type="checkbox"/> up to one year |
| <input type="checkbox"/> Child Care Center         | <input type="checkbox"/> 6 months or less | <input type="checkbox"/> up to one year | <input type="checkbox"/> Summer Students     | <input type="checkbox"/> 6 months or less | <input type="checkbox"/> up to one year |
| <input type="checkbox"/> Service Provider          | <input type="checkbox"/> 6 months or less | <input type="checkbox"/> up to one year | <input type="checkbox"/> Extended Visitor    | <input type="checkbox"/> 6 months or less | <input type="checkbox"/> up to one year |
| <input type="checkbox"/> Community Liaison         | <input type="checkbox"/> 6 months or less | <input type="checkbox"/> up to one year | <input type="checkbox"/> Grounds Maintenance | <input type="checkbox"/> 6 months or less | <input type="checkbox"/> up to one year |
| <input type="checkbox"/> Construction Worker       | <input type="checkbox"/> 6 months or less | <input type="checkbox"/> up to one year | <input type="checkbox"/> Volunteers/Others   | <input type="checkbox"/> 6 months or less | <input type="checkbox"/> up to one year |
| <input type="checkbox"/> Transportation Visitor    | <input type="checkbox"/> 6 months or less | <input type="checkbox"/> up to one year | <input type="checkbox"/> Vendors             | <input type="checkbox"/> 6 months or less | <input type="checkbox"/> up to one year |

All applicants, other than Service Providers, Vendors and Construction Workers, must have an **NIH employee sponsor signature**, i.e., spouse, or institute coordinator, sign this document. Verification must be confirmed, via the sponsor, before a badge will be issued.

Sponsor Signature

Institute /Center

Date

Contact Number

Print Sponsor Name Legibly

## PLEASE DO NOT WRITE/COMMENT BELOW THIS LINE

Requestor(s) can personally hand carry or fax this form to (301) 480-7840 (Security Assistants.) Service providers, Vendors and Construction Workers can fax this form to the same number but it must be accompanied by a letter from your Company on Company letterhead stating your business at the NIH, indicate the NIH Institute you have business with and a full-time NIH employee name/contact within the institute to be contacted. Processing can/may take up to seven business days. After the 7<sup>th</sup> business day, you can go directly to the Gateway Visitors Center; Building 66A to obtain your NIH Badge. You must present **government approved I-9 document (photo identification)** such as a drivers' license, passport, etc., when obtaining your badge. For additional information please contact the Security Assistants office at (301) 435-5095.

## Division of Police use ONLY

- ☐ Sponsor verified  
☐ NCIC check completed